



## Application for Credit

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

Ownership; Individual \_\_ Corporation \_\_ S Corporation \_\_ LLC \_\_ Tax ID: \_\_\_\_\_

### Responsible Parties of Officers:

Name	Title	Home Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Type of Business: \_\_\_\_\_ Established \_\_\_\_\_

Authorized Buyer: \_\_\_\_\_

### Credit References:

Name	Address	Contact	Phone
1 _____	_____	_____	_____
_____	_____	_____	_____
2 _____	_____	_____	_____
_____	_____	_____	_____

**Bank:** \_\_\_\_\_ **Branch:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Acct :** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

How long have you had your account there: \_\_\_\_\_

**Read Carefully:** I agree to take full responsibility of payment for any purchases made and to keep within your terms and limits if granted an open account. I authorize Two Dimensional Instruments, LLC to obtain any information from the references I provide.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fax to Two Dimensional Instruments, LLC*

P.O. Box 159  
Crestwood, KY 40014

Phone: (502) 243-0042  
Fax: (502) 243-0039